	FOR BASIC FEE 37 CFR 1.16(a), (b), or		(Colum	Substitute for Form PTO-875  APPLICATION AS FILED - PART I											Application or Docket Number				
	37 CFR 1.16(a), (b), or		(Column 1)			(Column 2)		SMALL ENTITY			OR	OTHER THAN SMALL ENTITY							
1000	SEARCH SEE		NUMBER FILED		1	NUMBER EXTRA		RATE (\$)			7	SMALL EN		NTITY					
	SEARCH FEE (37 CFR 1.16(k), (i), or (m))				┼			TANE (3) FE		FEE (\$)	1	RATE (\$)		FEE (	<u>\$)</u>				
0=0	XAMINATION FEE						4				1	<b> </b>	$\dashv$						
= 0	OTAL CLAIMS 17 CFR 1.16(I))	**-					_				1		$\dashv$						
1	IDEPENDENT CLAI 7 CFR 1.16(h))	MS	mlnus 20 =		<u> </u>	·		х			OR	x	+		$\dashv$				
		If th	9 Specific	ation and	drawin	00.0	_	x	=				-		$\dashv$				
1 1	PPLICATION SIZE* (CFR 1 16(s))	is \$2	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 shoots			ilication size fee due					1 1	×	-		4				
L							,							•	-				
M	LTIPLE DEPENDEN					thereof. See CFR 1.16(s).	$\dashv \vdash$												
• "	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()) If the difference in column 1 is less than zero, enter "0" in c						JL				Γ		+		$\dashv$				
	APPLICATION AS A STATE OF THE COLUMN AS A STAT				in colun	ın 2.		TOTAL			<b>L</b>	TOTAL	+		$\dashv$				
	APPLICATION AS AMENDED - PART II											TOTAL	<u></u>		$\dashv$				
	(Column 1) (Column 2) (Column Column 2)							SMALI	ENT:	<b>.</b>	OR	OTHE	D TII	<b>.</b>	-				
¥ F	. /05	EMAINING AFTER	ı	NUI	SHEST MBER	PRESENT	7 [	RATE (\$)	ENTITY			SMALL	ENT	THAN ENTITY					
AMENDMENT	iolai I.	1ENDMEN	Minus	I PAID	OUSLY FOR	EXTRA	11	MIE (\$)	TIC	DDI- DNAL		RATE (\$)		ADDI-	7				
2	Independent (37 CFR 1 16(n))	2/	Minus	12	0	- /	]   ×	25:	T-FEI	E (\$)	-			IONAL EE (\$)	1				
影	Application Size Fee	(37 CFR 1		1		2		(A) =			OR X	50=	5		_ (				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16())									'	DR X	<u> 300 =</u>	40	y w	1′				
			- OCFENE	JENT CLAIR	(37 CF	R 1 16(j))					OR -				$\mathbf{I}$				
	. ,(Co	umn 1)					TOT ADD	TAL D'L FEE			TO	TAL			1				
J	C	AIMS IAINING		(Colu	mn 2)	(Column 3)		_		~	· ADI	D'L FEE							
	l A	TER DMENT		NUMB PREVIO	ER	PRESENT EXTRA	RA	TE (\$)	ADDI-										
(3)	Total CFR (116(:))	OKIENT	Minus	PAID F	OR				TION/ FEE (	AI I	R	ATE (\$)	TIO	DI. NAI					
Ap	CER I 161vili ebendevi		Minus	<del></del>	-		х	=	1	OF	, <del> </del>		FEE	(\$)					
Ар	olication Size Fee (3	CFR 1.16	(s))				х	=		7									
FIR	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))					16/01	-			OR	×	- =							
									·	OR	L								
. II IP	entry in column 1 is "Highest Number P "Highest Number Pr	less than	he entry in	Column 2			TOTAL ADD'L	FEE		OR	TOTA ADD'L								

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the on the amount of time you require to complete displication form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3,

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2